

**AUTHORIZATION FOR
ELECTRONIC FUNDS TRANSFER (EFT)
FOR TAX PAYMENTS**

EFT Number

To be assigned by Department of Revenue

Taxpayer Name	Contact Person	<input type="checkbox"/> Set Up Account <input type="checkbox"/> Modify Account <input type="checkbox"/> Change Bank Account Number <input type="checkbox"/> Change Bank Transit and Routing <input type="checkbox"/> Add Taxes
Mailing Address (Street Number, Apt. Number, Box Number)	FEIN or Social Security Number	
	Telephone Number ()	
City, State, ZIP	Fax Number ()	
Email Address		

TAXES TO BE PAID BY EFT TRANSACTIONS.
Must be completed for either ACH debit or ACH credit.
See listing of taxes and tax type codes on reverse side

TAX TYPE	TAX TYPE CODE	YOUR DOR ACCT #

COMPLETE SECTION 1 AND/OR 2

Section 1—ACH Debit *

☐ **ACH debit**—taxpayer selects the EFT payment option on our web page or calls a toll free number

I hereby authorize the Colorado Department of Revenue (DOR), to initiate debit entries to my account and the financial institution (FI) named below, to debit the same to such account. This authority is to remain in full force and effect until DOR and FI have received written notification from me of its termination in such time and in such manner as to afford DOR and FI a reasonable time to act on it. The use of an EFT identification number and password will be required to convey my instructions for each transaction. The EFT identification number and password may be used by me or by my agent.

Bank Account Number	Transit/Routing Number (See reverse)	Type of Account <input type="checkbox"/> Saving <input type="checkbox"/> Checking	Kind of Account <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Name on Account (Not Name of Bank)
Authorized Signature		Title		Date

***A voided check for the financial institution account indicated above MUST accompany this application.**

Section 2—ACH Credit

☐ **ACH credit**—taxpayer initiates through own financial institution.

I have contacted my financial institution and confirmed the financial institution can initiate Automated Clearing House credit transactions that meet Colorado Department of Revenue (DOR) requirements. For verification, DOR may contact:

Name of Bank	Bank Contact Person	Telephone Number
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I hereby request DOR grant authority for the above named taxpayer to initiate Automated Clearing House credit transactions to DOR's bank account. I understand these must be in the NACHA CCD+ format using the Tax Payment (TXP) Convention and may only be initiated for the tax types that have been registered for EFT payments with DOR.

Authorized Signature	Title	Date
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Please return application to: Colorado Department of Revenue, CDO Research, 1375 Sherman Street, Denver CO 80261
or fax to (303) 866-3112

ADDENDUM TO AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) FOR TAX PAYMENTS

TAX TYPE	TAX TYPE CODE		TAX TYPE	TAX TYPE CODE
Cigarette	072		PUC Fixed Utilities Fee*	204
Consumer Use	045		Retailer's Use	044
County Lodging	074		Sales	042
Fuel Distributors	052		Sales Tax License Renewal	242
Gaming Tax	141		Severance:	
Garnishments	208		Estimated Oil Shale*	08102
IFTA	059		Oil Shale Tax Return	08103
Income:			Estimated Oil, Gas, & CO ₂ *	08402
Individual	01304		Oil, Gas, & CO ₂ Tax Return	08403
Individual Estimated*	01204		Oil, Gas & CO ₂ Tax Bill	08405
Individual Extension*	01404		Estimated Coal*	08502
Corporation	01312		Coal Tax Return	08503
Corporation Estimated*	01212		Estimated Metallic Minerals*	08602
Corporation Extension*	01412		Coal Tax Bill	08505
Fiduciary	017		Metallic Minerals Tax Return	08603
Income Withholding*	011		Metal Tax Bill	08605
Annual Reconciliation of Income Tax Withheld	01102		Molybdenum Tax Return	08613
Backup Gaming Withholding*	01114		Molybdenum Bill	08615
Liquor Excise	065		Severance Withholding*	01180
LPG Inspection Surcharge	0531		Severance Withholding Annual Reconciliation	01181
Passenger Mile	0532		Tobacco Products	073
			Agreement to Pay	210

***Do not file a tax return for these tax payments, the EFT transaction is the filing.
For all other tax payments, a tax return is required.**

Depositor Account Information

Sample Check:

2259

880

19

23-7
1020

Pay to the order of:

Anytown Bank Center, 1A Street, Anytown USA 80000
Anytown Bank
 National Association (303) 000-0000

VOID

For _____

⑆ 102001017⑆ 1011234567⑆ 2259

↑
 Transit and Routing Number (9 digits)
 102001017

↑
 Bank Account Number
 1011234567

↑
 Check Number